



**Solicitation Information
January 19, 2016**

RFP# 7550196

Title: Medicare and VA Identification within existing Medicaid Population

Submission Deadline: February 25, 2016 at 10:00 AM (Eastern Time)

PRE-BID/ PROPOSAL CONFERENCE: NO
MANDATORY: NA

DATE: NA
LOCATION: NA

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **February 2, 2016 at 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis
Interdepartmental Program Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed three-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

TABLE OF CONTENTS

Section 1 –Introduction.....	3
Section 2- Background and Purpose.....	5
Authority to Bill for Services.....	5
Specific Requirements.....	5
Section 3- Scope of Work.....	5
General Scope of Work.....	5
Specific Activities / Tasks.....	6
Section 4 -Technical Proposal.....	7
Narrative and Format.....	7
Section 5 -Cost Proposal.....	7
Detailed Budget and Budget Narrative.....	7
Section 6- Evaluation and Selection.....	8
Section 7 -Proposal Submission.....	9
Attachment A – Cost Proposal Form.....	11

SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Executive Office of Health & Human Services (EOHHS), is soliciting proposals from qualified firms to provide computerized and human services to assist with identifying current Medicaid eligible clients who appear to be Medicare or Veterans Affairs (VA) eligible but are not enrolled in Medicare or are not receiving VA benefits, in accordance with the terms of this Request for Proposals and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.gov.

The initial contract period will begin approximately April 1, 2016 until June 30, 2017. Contracts may be renewed for up to four additional 12-month periods based on vendor performance and the availability of funds.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 60 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered.

Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information visit the website www.mbe.ri.gov
15. Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement

SECTION 2: BACKGROUND

Medicare and Veterans Affairs Benefits Identification

The State of Rhode Island seeks to improve the coordination of benefits for members who may be eligible for both Medicare and Medicaid. Specifically, EOHHS aims to maximize enrollment in Medicare for dually-eligible individuals, in order to ensure that Medicare is the primary payer for claims where appropriate.

Additionally, Rhode Island seeks to identify those clients who are currently receiving Medicaid, but who should be receiving coverage through the Veterans Affairs [VA] benefits system.

This work is critical to keep in line with an existing state initiative, the Integrated Care Initiative, designed to manage and coordinate the services provided to certain Medicaid, and Medicaid and Medicare eligible beneficiaries. EOHHS began Phase I of this program in November 2013. Phase II focuses on fully dually eligible MME beneficiaries. MME beneficiaries have the option to enroll in a service delivery arrangement option that manages and coordinates all Medicaid and Medicare covered services in accordance with a three-party contractual agreement involving EOHHS, the federal Centers for Medicare and Medicaid Services and the participating managed care organization.

Specific Requirements

The vendor must possess extensive prior experience, particularly with identification of Medicare eligibility, Medicare enrollment assistance, and integration/data exchange with state systems regarding eligibility and enrollment. Experience with understanding the impact and change to benefits with Medicare enrollment and experience with outreach to vulnerable populations is highly desirable.

The vendor must possess prior experience with identification of Veterans Affairs eligibility, and VA enrollment assistance.

SECTION 3: SCOPE OF WORK

General Scope of Work

Services to provide Medicare client identification in the pool of existing Medicaid clients and applicants for the Rhode Island Executive Office of Health and Human Services (EOHHS) as described below. The Vendor must assist with identifying current Medicaid eligible clients who appear to be Medicare eligible but are not enrolled in Medicare, and must assist with outreach and enrollment in Medicare. In addition, the Vendor must assist with communicating and educating staff and clients regarding the implications of Medicare eligibility and enrollment, and provide benefit explanation or options counseling to members. The Vendor will be prepared to also conduct the same work for those clients who are identified as VA eligible.

The Vendor will regularly (at least monthly) review and identify current Medicaid enrollees who may be Medicare or VA eligible but not enrolled, or who may be enrolled in Medicare but unknown to the state agency due to errors in data transmission between the

state and federal eligibility files. Populations include:

- For Medicare populations:
 - Categorically eligible Medicaid enrollees over the age of 65.
 - Medicaid members who meet the disability criteria of the Social Security Administration.
 - Medicaid members with disabilities who have been continuously disabled prior to reaching the age of eighteen.
- For VA populations:
 - Former active-duty service members separated under any condition other than dishonorable who qualify for VA health care benefits.
 - Current and former members of the Reserves or National Guard who were called to active duty by a federal order and completed the full period for which they were called or ordered to active-duty who are eligible for VA health benefits.
 - Veterans and survivors who are eligible for a VA pension and require the aid and attendance of another person or are housebound

The Vendor's work will assist the state to ensure that Medicaid appropriately recovers its deductible and coinsurance payments when the Medicare primary paid claims have been recovered by CMS through post-payment review activities, and review Medicaid payments for dual eligible clients to ensure that Medicaid does not issue a duplicate payment if Medicare adjusts the amounts of its primary payment and processes it as a separate and new claim. The state requires the Vendor to complete this work in a complete and timely fashion.

Specific Activities / Tasks

Medicare/VA Identification

1. The EOHHS will provide the Vendor with all information made available to EOHHS by clients for the purpose of determination of eligibility on a weekly basis. EOHHS and the Vendor will agree on the most effective and appropriate way to provide access to the necessary eligibility data.
2. The Vendor will be compensated at a fixed rate of per identified Medicaid client newly and correctly enrolled into Medicare Part A and/or B, and a fixed rate per identified Medicaid client newly enrolled with the VA. The vendor must submit a compensation formula inclusive of any volume vs. percentage thresholds.
3. The Vendor must provide knowledgeable social workers who are able to direct clients to available resources.
4. The Vendor must have a complete understanding of Medicare populations and eligibility for Medicare Parts A, B, C and D, and the rules associated with the Medicare program. The vendor must have an understanding of the intersections with Rhode Island eligibility programs.
5. The Vendor must have an understanding of populations and services in the VA system.

6. The Vendor must demonstrate an understanding of Rhode Island's Medicaid Eligibility rules.
7. The Vendor must demonstrate an ability to interface with Rhode Island's eligibility system (UHIP/RI Bridges), MMIS, and all data feeds associated with obtaining Medicare data.
8. The Vendor will be responsible for all costs associated with postage, and other related forms and/or correspondence within an appropriate timeframe.
9. The Vendor must provide an estimate of the number of clients they expect to enroll and the estimated time frame for this work.

SECTION 4: TECHNICAL PROPOSAL

Narrative and format: The separate technical proposal should address specifically each of the required elements:

1. Staff Qualifications – Provide staff resumes/CV and describe qualifications and experience of key staff who will be involved in this project, including their experience in Medicaid and Medicare eligibility programs, VA programs, client outreach and any other relevant projects and references
2. Capability, Capacity, and Qualifications of the Offeror - Please provide a detailed description of the Vendor's experience as a 3rd party Medicare Identification agency, including experience with Medicaid and Medicare eligibility systems, Medicare identification, and outreach, and the same experience regarding VA identification and outreach. A list of relevant client references must be provided, to include client names, addresses, phone numbers, dates of service and type(s) of service(s) provided.
3. Work plan - Please describe in detail, the framework within which requested services will be performed. The following elements must be included: 1) methods used to identify Medicare clients and VA clients from lists of existing Medicaid enrollees, 2) methods for conducting outreach to Medicaid clients who are Medicare eligible, or VA eligible and examples of benefits counseling, 3) timing and format of data exchange between the state and the vendor
4. Approach/Methodology – Please define the methodology (data files required by the state, use of Vendor technology) to be used for the identification of Medicare eligible and VA eligible in Medicaid pool, as well as the process of reconciling those clients with RI Medicaid systems. What procedures will be used to ensure accurate and timely identification of Medicare eligible clients, and an appropriate enrollment in Medicare?

SECTION 5: COST PROPOSAL

Detailed Budget and Budget Narrative:

Provide a proposal for fees charged for the services outlined in this proposal. **See Attachment A: Cost Proposal Form.**

Rhode Island's preferred fee structure is to pay a fee per enrollee for each actual Medicaid beneficiary identified and enrolled in Medicare or the VA.

Fee per newly enrolled Medicaid Beneficiary for Medicare; and

Fee per newly enrolled Medicaid Beneficiary for VA benefits.

Please explain the basis and rationale of your fee structure.

Please include any explanations of fees based on percentage of savings or successful Medicare or VA enrollment and/or rates based on case volume.

SECTION 6: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 60 (85.7%) out of a maximum of 70 technical points. Any technical proposals scoring less than 60 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 60 technical points or higher will be evaluated for cost and assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

The EOHHS reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Staff Qualifications	15 Points
Capability, Capacity, and Qualifications of the Offeror	25 Points
Quality of the Work plan	15 Points
Suitability of Approach/Methodology	15 Points
Total Possible Technical Points	70 Points
Cost calculated as lowest responsive cost proposal divided by (this cost proposal) times 30 points *	30 Points
Total Possible Points	100 Points

*The Low bidder will receive one hundred percent (100%) of the available points for cost. All other bidders will be awarded cost points based upon the following formula:

$$(\text{low bid} / \text{vendors bid}) * \text{available points}$$

For example: If the low bidder (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly cost and service fee and the total points available are Thirty (30), vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 * 30 = 19.5$$

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

SECTION 7: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at david.francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **RFP # 7550196** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus five (5) copies**) should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7550196 Medicare and VA Identification within existing Medicaid Population**" to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses shall include the following:

1. One completed and signed three-page R.I.V.I.P generated bidder certification cover sheet (included in the original copy only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.

2. One completed and signed W-9 (included in the original copy only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
3. **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to six (6) pages (this excludes any appendices). As appropriate, resumes of key staff that will provide services covered by this request.
4. **A separate, signed and sealed Cost Proposal** using **Attachment A: Cost Proposal Form** reflecting the rate, or other fee structure, proposed to complete all of the requirements of this project.
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CD-Rom, disc, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following URL: <https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>

ATTACHMENT A: COST PROPOSAL FORM

Vendor:_____

Fee per newly enrolled Medicaid Beneficiary for Medicare benefits:_____

Fee per newly enrolled Medicaid Beneficiary for VA benefits:_____

Narrative (optional):

Signed:_____

Print Name:_____

Title:_____